



416- PROVIDER NETWORK INFORMATION POLICY

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Staff responsible for policy: DHCM Operations

I. Purpose

This policy applies to Acute Care and Arizona Long Term Care System (ALTCS) Contractors. This policy establishes guidelines for AHCCCS Acute and ALTCS Contractors regarding provider information requirements and it also pertains to the content of a Contractor's website.

II. Definitions

Material Change A change which affects, or can reasonably be foreseen to affect, the Contractor's ability to meet the performance and network standards as described in the contract.

Provider Any person or entity who contracts with AHCCCSA or a Contractor for the provision of covered services to members according to the provisions A.R.S. § 36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. § 36-2901.

III. Policy

The Contract contains multiple requirements for communications between Contractors and their provider network. The list below instructs the Contractor on content and timing of these communications. The list does not supersede any additional requirements that may be outlined in the Contract.

A) Provider Manual

The Contractor shall develop, distribute and maintain a provider manual. The Contractor shall ensure that each contracted provider is made aware of a website provider manual or, if requested, issued a hard copy of the provider manual and is encouraged to distribute a provider manual to any individual or group that submits claim and encounter data. The Contractor remains liable for ensuring that all providers, whether contracted or not, meet the applicable AHCCCS requirements with regard to covered services, billing, etc. At a minimum, the Contractor's provider manual must contain information on the following (items that apply to only ALTCS or Acute Contractors are identified in **bolded** parenthetical notation):



- a. Introduction to the Contractor which explains the Contractor's organization and administrative structure
- b. Provider responsibility and the Contractor's expectation of the provider
- c. Overview of the Contractor's Provider Service department and function
- d. Listing and description of covered and non-covered services, requirements and limitations including behavioral health services
- e. Emergency room utilization (appropriate and non-appropriate use of the emergency room)
- f. EPSDT Services - screenings include a comprehensive history, developmental/behavioral health screening, comprehensive unclothed physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screenings and immunizations. EPSDT providers must document immunizations into ASIIS and enroll every year in the Vaccine for Children program.
- g. Description of Dental services coverage and limitations
- h. Description of Maternity/Family Planning services
- i. The Contractor's policy regarding PCP assignments
- j. Referrals to specialists and other providers, including access to behavioral health services. (as provided to Acute Care enrollees by the ADHS/RBHA system)
- k. Grievance system process and procedures for providers and enrollees
- l. Billing and encounter submission information
- m. Information about policies and procedures relevant to the providers including, but not limited to, utilization management and claims submission
- n. Reimbursement, including reimbursement for dual eligible members (i.e. Medicare and Medicaid) or members with other insurance
- o. Cost sharing responsibility
- p. Explanation of remittance advice
- q. Prior authorization and notification requirements
- r. Claims medical review
- s. Concurrent review
- t. Fraud and Abuse
- u. Information on the False Claims Act provisions of the Deficit Reduction Act as required in the *Corporate Compliance* paragraph of the Contract.
- v. Formulary information, including updates when changes occur, must be provided in advance to providers, including pharmacies. The Contractor is not required to send a hard copy, unless requested, of the formulary each time it is updated. A memo may be used to notify providers of updates and changes, and refer providers to view the updated formulary on the Contractor's website.
- w. AHCCCS appointment standards
- x. Americans with Disabilities Act (ADA) requirements and Title VI, as applicable
- y. Eligibility verification
- z. Cultural competency information, including notification about Title VI of the Civil Rights Act of 1964. Providers should also be informed of how to access interpretation services to assist members who speak a language other than English or who use sign language.
- aa. Peer review and appeal process.
- bb. (**Acute Only**) Medication management services as described in the Acute Contract Section D, Paragraph 12.



- cc. Information about a member's right to be treated with dignity and respect as specified in 42 CFR 438.100.
- dd. Notification that the contractor has no policies which prevent the provider from advocating on behalf of the member as specified in 42 CFR 438.102.
- ee. Information on how to access or obtain Practice Guidelines and coverage criteria for authorization decisions.
- ff. (**ALTCS** Only) Description of the ALTCS Change of Program Contractor policy.

B) Website

The Contractor must develop and maintain a website capable of the following, provider focused, information and functionality [Section D, Technological Advancement]:

The website must have links to the items listed below:

- a) Formulary (both Searchable and Comprehensive Listing)
- b) Provider Manual (Must Contain Services Requiring Prior Authorization)
- c) Provider Directory (including specialists for referral)
- d) Performance Measure Results (Contractor-Specific and AHCCCS Program)
- e) Medical Determination Criteria and Practice Guidelines

The Contractor must also provide the following electronic functionality:

- a) Enrollment Verification
- b) Claims Inquiry (adjustment requests; information on denial reasons)
- c) Accept HIPAA compliant electronic claims transactions
- d) Display Reimbursement Information

C) Required Notifications

The Contractor is expected to provide written or electronic communication to contracted providers in the following instances:

- a) **Exclusion from Network** – Under Federal Regulation [42 CFR 438.12] the Contractor is required to provide written notice of the reason for declining any written request for inclusion in the network.
- b) **Policy/Procedure Change** – The Contractor is required to notify affected providers 30 days in advance of any material change, as defined in this policy, in Contractor policy or procedure. This requirement includes notification to providers in the event of a material change to network composition that may affect the ability to refer or place members for specialty care (e.g. termination of Orthopaedic group; SNF). Such notice must also be provided to the AHCCCS Division of Health Care Management Operations and Compliance Officer to which the Contractor is assigned 45 days in advance of the proposed change.



- c) **Subcontract Updates** – Periodically, AHCCCS may make changes to the required Minimum Subcontract provisions. In the event of such a change, Contractors are required to amend all subcontracts on their regular renewal schedule or within 6 calendar months of the update, whichever comes first.
- d) **Termination of Contract** – The Contractor must provide written notice to hospitals and/or provider groups at least 90 days prior to any contract termination without cause. Contracts between Contractors and individual practitioners are exempted.
- e) **Chronic Care and Disease Management Information** – The Contractor must disseminate information as required by the AHCCCS Medical Policy Manual Policy 1020(H), MM/UM Program Scope and Requirements.

In addition to the updates required above, AHCCCS may require Contractors to disseminate information on behalf of the administration as stipulated in Section D Paragraph 29 of the Contract. In these instances, AHCCCS will provide prior notification as is deemed reasonable or prudent.

IV. References

- Title 42 of the Code of Federal Regulations (42 CFR) Part 438
- Arizona Administrative Code R9-22, Article 5
- Acute Care Contract, Section D
- ALTCS Contract, Section D